S/N: TBA

9/29/2003

Docket No.: SHD-103-USAP

10/671519 10/671519 10/6729/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: TO BE ASSIGNED

Confirmation No.: TO BE ASSIGNED

Applicant: Takafumi KUROSAWA

Art Unit: TO BE ASSIGNED

Filed: September 29, 2003

Examiner: TO BE ASSIGNED

Docket No: SHD-103-USAP

Customer No: 28892

S For: External Skin Preparation

UTILITY PATENT APPLICATION TRANSMITTAL IN ACCORDANCE WITH 37 CFR §1.53 (b)

US Patent & Trademark Office
2011 South Clark Place
Customer Window, Mail Stop: PATENT APPLICATION
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

This application is a:

 $\underline{\mathbf{x}}$ New Application.

Continuation

____ Divisional of U.S.P.T.O. Serial Number _, filed _.

____ Continuation in Part of U.S.P.T.O. Serial Number _ ,

The undersigned has been authorized by the Applicant(s),

Takafumi KUROSAWA

Hiroshi ITAGAKI

Hirokazu KOUZUKI

Shoichiro SHIO

FOR: External Skin Preparation

to file the attached specification and required drawings. Please assign a serial number and accord a filing date to this prospective application.

S/N: TBA 9/29/2003 Docket No.: SHD-103-USAP

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Enclosed are:

- 14 pages of Specification,
- 2 pages of Claims,
- 1 page of an Abstract, and
- 1 sheet of Drawings. Total pages in the disclosure are 18.
- x Return Receipt Postcard (MPEP 503).
- X Application Data Sheet
- \mathbf{x} Original Oath or Declaration with Power of Attorney
- Signed Statement deleting inventor(s) named in prior application.
- ____ Applicant claims Small Entity status under 37 CFR §1.27.
- x Assignment of the Invention and \$40.00.
- ____ A certified copy of Priority Document(s).
- x A Preliminary Amendment.
- ___ Letter to the Official Draftsperson and amended drawing(s).
- ____ An Information Disclosure Statement (IDS)/PTO Form 1449.
- \mathbf{x}_{-} The basic filing fee of \$750.00.
- $\underline{\mathbf{x}}$ The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	7	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	3	Minus	3	x \$42=	0.00	x \$84=	0.00
New Multiple Dependent Claims		-0-		x\$140=	0.00	x\$280=	0.00
And Claims Dependent Thereon		-0-		x\$140=	0.00	x\$280=	0.00
TOTAL ADDITIONAL FEE				0.00		0.00	

S/N: TBA 9/29/2003 Docket No.: SHD-103-USAP

<u>x</u> A check in the total amount of \$790.00 is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application.

Ronald R. Snider Attorney of Record Registration No. 24,962

Date: September 29, 2003

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RRS/bam